



# Medical Brigade Operations and OIF

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This briefing is unclassified.



# Medical Brigade Operations Purpose



- Discuss key points in Chapter 4 “Health Service Support in Corps and Echelons Above Corps”
- Provide information on the Concept of Operations for the MRI Medical Brigade
- Discuss the role of the RD in the Medical Brigade (Staff Relationships)
- Discuss operations of the 1st Medical Brigade during OIF
- Provide PROFIS personnel overview of field environment
- Encourage 65C skills development



# Medical Brigade Operations

## Concept of Operations

### The Medical Brigade



- Mission: The mission of the HQ is to provide C4I, administrative assistance, and technical supervision of the assigned and attached HSS units. Health service support units which can be assigned to attached to MEDBDE include CSH, PM Detachments, ASMBs, ASMCs, Dental Companies, Ground and Air EVAC assets, FST, MASHs, Combat Stress, Veterinary and any other specialized HSS team.



# Medical Brigade Operations Normal Task Organization (Peacetime)



- 21st CSH, 115th FH, 10 CSH, 31st CSH (Caretaker) soon to go to MRI
- 502nd Medical Company (Dental), 43rd Medical Detachment (Vet), 126th Forward Surgical Team (FST)
- 85th Medical Detachment (Combat Stress)
- 36th Medical Evacuation Battalion, 507th Medical Company (Air Ambulance)



# Medical Brigade Operations Normal Task Organization (Peacetime)



- 224th Medical Detachment (Sanitation)
- 25th Medical Detachment (Entomology/Sanitation)
- 61st Area Support Medical Battalion
- 546th Area Support Medical Company
  - 549th Area Support Medical Company
  - 566th Area Support Medical Company
  - 581st Area Support Medical Company
  - 555th Area Support Medical Company



# Medical Brigade Operations Task Organization for OIF

(Snapshot)



- Bear South, 21st CSH (BALAD-LSA Anaconda)
- China Main, 28th CSH (FOB Dogwood)
- China 32, 28th CSH (FOB Speicher)
- 11 FSTs
- 61st and 111th ASMB
- 36th MED BN (EVAC) 2AA, 1GA, 1MC
- 56th MED BN (EVAC) 3GA, 1AA
- 85th CSC
- 223rd PM Detachment



## Medical Brigade Operations Allocation



- Four per EAC MEDCOM
- Four per Corps MEDCOM
- Task Force structure likely to impact Medical Brigades in future wars.
- Reason: Medical Brigades are designed for force on force conflict and suffer from lack of G-5 (Civil Affairs) assets during low intensity conflict.



## Medical Brigade Operations Capabilities



- C4I
- Advise senior commanders in AO
- Coordinate with EAC MEDCOM, MRO, GPMRC
- Consultation services and technical advice in the areas of nutrition, PVNTMED, sanitary engineering, nursing, medical entomology and environmental health.
- Facilities site selection and preparation
- Class VIII





## Medical Brigade Operations Limitations and Mobility



- Support Requirement Heavy
- Quartermaster Supply - Class 1
- Engineering Assets needed for setup and sustainment
- Supplemental Transportation assets a must
- 35% Mobile at Corps level
- Need additional vehicles for OIF



## Medical Brigade Operations Staff Relationships



- Commander: Need his support!
- Executive Officer: Instrumental in the support or destruction of your plans and missions
- S-1: Works all personnel issues to include PROFIS replacements. Requires monitoring and assistance.
- S-2: Mission intelligence source of information. Convoy information to include routes and briefings. Complex duty position. Security clearance policing. Works with counter intelligence assets to advise commander of the battlefield situation.



## Medical Brigade Operations Staff Relationships



- S-3: Most important mission and orders source of information.
  - Knows the Commanders mission intent
  - Calls the plays for the Commander
  - Great source of information that impacts mission assignments
  - Support of your plans is essential
  - Develops critical information requirements for staff and Commander
  - S-3Air works to provide important EVAC information



## Medical Brigade Operations Staff Relationships



- S-4: Logistics make things happen!
  - Works closely to move Medical Supplements Class VIII
  - Instrumental in quality of life mission
  - Places emphasis on Class VIII and CSH in the field
  - Works with Medical Logistics BN to coordinate timely supply which includes door to door delivery
  - 65C and 91M works for S4 by the book but not in reality during deployment
  - Home of Food Service Warrant Officer



# Medical Brigade Operations Staff Relationships



- MRO: Important during Battle Captain duties
  - Evacuation accountability of Patients
  - Important member of Commander's patient information team
- Communications-Electronics Section: Keep Communications open to all units and within the brigade.
  - Coordinates installation of highly technical communications devices to the subordinate units
  - Works with sections to implement reporting systems that require communication software or interface
  - Brigade phone book



# Medical Brigade Operations Staff Relationships



- Chief, Professional Services: Senior physician in Medical Brigade
  - Advisor to the Commander on Medical and Hospitalization issues
  - Advisor to subordinate units concerning medical and hospitalization issues
  - Key planner of hospitalization lay down and evacuation policy
  - Senior doctor who frequently acts as mentor to subordinates



## Medical Brigade Operations Staff Relationships



- Chief, Nurse: Serves as principal advisor to the Commander on all nursing activities.
  - Serves as Chief, Clinical Operations Section
- Clinical Operations Section
  - Most dynamic group of specialists in medical field that advise the Commander on all medical issues. Staff includes PM physicians, ESO, dietitian, social worker, 91W, 91M, 91R, 91S, dental EM and 91X.
  - Spearheads clinical issues for Medical Brigade
  - SME who guide policy and procedures for reporting



## Medical Brigade Operations Staff Relationships



- Unit Ministry Team: provide religious support for staff and subordinate units
  - Provided needed emergency pastoral care to wounded and friends of KIA service members
  - Advise commander on morale of units
  - Work with 65C to provide Muslim and Jewish meals
  - Work with Commanders to make Holidays
  - Travels frequently to visit units
  - Works under Clinical Operations section Chief





# Medical Brigade Operations Staff Relationships



- Command Judge Advocate Section
  - Provides legal advise to the Commander, staff, subordinate Commanders and soldiers
  - Works to provide criminal, administrative, litigation, environmental, regulatory, intelligence activities, and medical jurisprudence
  - War trophies
  - War crimes
  - Rape



## Medical Brigade Operations Reporting for 65 C



- Poor report methodology at start of the conflict
- Developed **Weekly Nutrition Care Operations Report** to capture data and report to higher
- Provided Medical Brigade 65C with status data concerning CSH nutrition operations
- Site Visits: Conducted as frequently as possible
- Provided status on MDS stock levels
- NIPR: AKO made frequent communication possible



# Medical Brigade Operations

## Weekly Nutrition Operations Report

(see handout)



- Provided important information on the ratio of patient vs.. staff meals
- Gives information concerning ration type availability
- Provides patient diet mix
- Personnel status to include work hours
- Support Status
- Equipment
- Impressed Medical Brigade Commander



# Medical Brigade Operations

## Problem Areas IOF

### Nutrition Related



- Water Consumption to include bottled water controversy
- Medical Diet Supplement: Great addition to supply system. Needs some tweaking.
- Lack of potable Ice
- Lack of FFV
- Slow Class I System
- Lack of proper enteral feeding supplements
- AC in kitchen tents



# Medical Brigade Operations Problem Areas IOF Nutrition Related



- Contract Feeding SOW
- Replacement of soldiers at CSH
- Class I Inadequacy
- Base construction and kitchen improvement
- PROFIS fills for 91Ms
- Health Promotion
- Refrigeration breakdowns
- Pest control



# Medical Brigade Operations Challenges Clinical Operations Section



- Getting the Clin Ops section to move in one direction is like herding cats!
- Common Sense was in short supply!
- Commanders Emergency Response Program/Pay Agent
- Preventive Medicine: Latrines, MKT sanitation, malaria prophylaxis, bugs and water
- Mental Health (CSC) placement
- Hospitalization
- Pharmacy Refills



# Medical Brigade Operations Challenges Clinical Operations Section



- MEK
- Georgian Medical Team
- Pneumonia
- Medical Facility Assessments
- AAR
- Silver Knight Show - Morale event of the war!
- 24 Hour Coverage of Battle Captain Position.
- Only section in Medical Brigade not to lose a staff member to return to CONUS.



# Medical Brigade Operations Lessons Learned (PROFIS)



- Need to train with unit yearly! One to two weeks in a FTX environment would be helpful.
- Outsider vs.. Insider You must break the ice!
- CAS3 and CGSC is a must.
- Teamwork is the key to success for the Nutrition Care officers and soldiers.
- Bring cheat sheets, FMs, TMs, DA Pams, calculator and nutrition books to include pediatric growth charts.





# Medical Brigade Operations Lessons Learned (PROFIS)



- Need to train with weapon yearly! It could save your life. Same with your protective mask.
- Medical Brigade RD should serve as Intermediate rater to C, NCD CHS 65C.
- Drivers Training.
- MRI Medical Brigades require you to be multitasking.
- Develop a good sense of humor and believe in your God.



# Medical Brigade Operations Questions?????

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